

A View of Death and Dying Among the Chinese and Japanese

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The practices of medicine around the world have been fused into that of faith and religion. In serving our patients' need to accept death, physicians must also be sensitive to this underlying basic human concern as they prepare for this final journey. The Chinese and Japanese, reflecting their belief in Buddhism, perceive death as a natural part and an extension of life itself.

The practices of medicine have been integrated with that of religion from time immemorial. The forerunner of all physicians today were the shamans, witch doctors, or medicine men of the preliterate peoples. Three civilizations developed and went on to document a sophisticated, integrated, tightly reasoned, and comprehensive system of medicine, the ancient Greeks of the West and the Indians and the Chinese of Asia. These medical concepts were inextricably bound to their native precepts of the supernatural forces ruling over their cosmos. Unable to adequately define where human rationality melds into that of faith and trust and belief in their spiritual creators, these earlier medical care systems may have been more acceptable for assisting their suffering patients to accept their limited capacity for healing. Perhaps more importantly, they could better support them in the time of their greatest crisis for coping with death.

Modern biomedicine, rooted in the breakthroughs of rational thinking led to science and technology. It has come to stand out above all other forms of medical care around the world. In extending the domain of human rationality to challenge concepts of nature itself, the mysteries of what was formerly considered to be supernatural have been revealed. Forces of secularism inevitably have arisen to challenge the role of faith and religion in the lives of humankind everywhere.

Biomedically educated and trained physicians in science and its technology have not only learned to cure many diseases that were once thought to be fatal, but have greatly contributed toward extending the lifespan for all who live within the reach of its practices.

In spite of the greatly expanded benefits that can be attributed to the accomplishments of biomedicine, it has not been free from criticism. Much controversy has arisen in many communities regarding its widespread practices. A most distressing dilemma revolves around the question of the use of life support technology for prolonging lives. Perhaps the paramount quandary for everyone involves the question of what constitutes a life of sufficient quality with deeper meaning for the individual if the life is saved but the individual remains infirmed or continues to suffer severe pain. In this problem, physicians must obviously move beyond the question of treating to merely prolong the life of the sufferer. What is the good to be achieved for the patient if the life that is saved becomes so diminished and unthinkable? Physicians are being confronted with this existential nightmare in their practices more frequently today and must learn how better to cope with these critical needs of their patients.

At present, as physicians are being reminded to consider the body-mind connections in caring for the total needs of their patients, questions about the existence of a soul, a spiritual or metaphysical nature of all human beings, are once more being openly discussed for biomedicine.

Faith and religion have always been assumed to be an important factor for coping with the pain and suffering of the patient. Over the past several decades, biomedical researchers began to study human behavior and its relationship to health and concluded that much of human illness and disease result from a person's careless habits and unhealthy lifestyles. The initial research involved questions of excessive stress causing disease, but recently, the question of faith and religion in promoting health and well being and preventing illness has been explored.

Research in the neurosciences using the most advanced technology is producing newer conceptualizations of the brain and its involvement in consciousness, as manifested by thought, perception, feeling, will, memory, or imagination. These newer insights as to how the brain works may well pave the way toward a better understanding of the contributions of faith and belief in health and illness.

Benson, a physician researcher, claims to have uncovered a faith factor that works to heal and prevent diseases. Over two decades ago, he described the Relaxation Response, a hypometabolic physiological state of the body that resulted from a deep self-induced state of meditation. Subsequent research documented that this Relaxation Response could also be "evoked by any of a large number of techniques including meditation, certain types of prayer, autogenic training, progressive muscular relaxation, jogging, swimming, Lamaze breathing exercises, yoga, tai chi chuan, chi gong, and even knitting and crocheting." He proposes that if this state of deep relaxation is combined with the placebo effect, the body's intrinsic capacity to heal itself that he calls "remembered wellness", this faith factor can be produced to heal the body. A strict, regular disciplined

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practice of the Relaxation Response is necessary, whether induced by prayer, exercise, meditation or other means. A belief and abiding faith in such devoted practices may be essential for maintaining health.

Should the faith factor suggested by Benson be important for achieving and maintaining health and combatting illness, it would appear to be as valid for the healing of those who are encountering severe diseases and facing death.

Hawaii is a state made up of diverse, multicultural and multiethnic communities in which many differing faiths, beliefs, and religious practices find acceptance. Unlike most other states in the union, the majority of its residents are linked to an Asian heritage. Very private and much more tolerant in their behaviors and character, they often appear to be a shy and inhibited group, rarely revealing their innermost thoughts to others. Highly disciplined and mindful of the needs of others, they are loath to speak about their personal social needs and problems, feeling that help and assistance can generally be met through personal families and kinship. It is understandable that other cultural groups in the community often know little about their traditions, habits and practices in their unique faith and religions.

The United States, rooted in Western European civilization, is built around Judeo-Christian values and faith. Too often, it is assumed that they speak for all other groups. To ensure that other faiths and beliefs systems are recognized, we hope that this cursory overview of the Chinese and Japanese in regard to their faith and beliefs and practices will sensitize physicians and others in the helping professions to approach their critical problems of sickness and dying with fuller and deeper compassion for their unique needs. We may be addressing these problems too simplistically, and although we are listing some of the sources of our information we suggest that there are much more detailed and scholarly writings on these subjects.

We hope that others more knowledgeable about different ethnocultural groups will join us in sharing their unique viewpoints and practices for these critical medical problems.

The Chinese

The first Chinese arrived in Hawaii more than 200 years ago, but it was not until the latter half of the 19th century that they came in significantly large numbers. Predominantly from the poor farming villages of the Kwangtung Province along the coastal areas of Southeast China, they came to seek their fortunes in the land known to them as the Sandalwood Mountains.

It is this Chinese cultural legacy and hardy adventuring spirit that took root and flourished. It has been renewed and nourished by the successive waves of Chinese migrants that followed.

The Chinese civilization has a continuing history of over 5000 years, but it is deeply rooted and clearly identified with the philosophies of Confucius, Lao Tzu of Taoism and Buddha. Coexisting during the epochal period of the 6th century BC, these sages developed their unique social insights relating to humanity and its social problems just as the ancient Greek civilization began to flourish in the West.

All of these philosophies ultimately became integrated and fused in the minds and activities of the Chinese. Confucius taught them a way to be rationally human; Lao Tzu, the acclaimed leader of Taoism, bestowed upon them a sense of intuitive mysticism and awe of nature that permitted them to connect to the metaphysical world and Buddha granted them insight into the hereafter.

These philosophies are frequently discussed separately as distinctive religions, but one must appreciate that these ideas have become inextricably bound to each other in shaping the life and culture of the Chinese. While recognizing and accepting the daily problems for life

on earth, they also explain how the Chinese believe in supernatural, spiritual forces that appear to motivate them.

Confucianism unifies the Chinese on a foundation of unique rational humanism. Promoting peaceful and virtuous social intercourse and concern for others, it is rooted in soil that recognizes the need for social discipline and responsibility, advocating proper social etiquette and protocol. Emphasizing harmony, not necessarily truth, as the goal for human interrelationships, it presumes that personal gain must always be balanced against the needs and desires of others. Each individual is born into a nexus of human relationships and these are all ranked in a predetermined order of importance in social obligations. It creates a selfless society in which the individual's interest must be considered subservient to that of the family, which in turn is subservient to that of the community, then the country beyond, the world beyond the country and ultimately, to the hereafter. Any breach of this social protocol may result in rejection and shame for the individual.

Known popularly for its advocacy of concepts of filial piety and ancestor worship, Confucianism is much more involved and complicated, requiring reciprocity in its applications. There is a heavy burden for everyone if it is to work properly. Regarding filial piety, the offspring must not only respect and honor the wishes of the parents, but the latter must be deserving and merit this respect, to stand out as a moral example. All human intercourse is to be distinguished by a sense of humility and responsibility for others, regardless of one's ranking.

Confucius wrote of the five universal obligations and the three moral qualities required to carry them out. The duties recognize those between ruler and subject, parents and children, husband and wife, elder sibling to younger, and between friends. The moral qualities involve wisdom, compassion and courage. The Golden Rule of Confucius states that, "Never do to others what you would not like them to do to you."

For example, in discussing a gentleman, Confucius wrote: "In him were to be found four of the virtues that belong to the way of the true gentleman. In his private conduct he was courteous; in serving his master he was punctilious; in providing for the needs of the people he gave them even more than their due; in exacting service from the people, he was just."

Taoism is the countervailing force to the sobering teachings of Confucius for the Chinese. The word Tao means the "way," "road" or "path". Philosophically, the Tao is the origin for everything in this world. "Tao produced the One; the One produced the Two; the Two produced the Three; and the Three produced ten thousand things." Tao is the primal source, the One is the primordial essence or the chaos from which the universe is created, the Two being Yin (female or negative) and Yang (male or positive), the Three representing Yin, Yang and their unity, from which the abundance of our world is created. This appears to be the story of creation for the Chinese.

The chaos of the universe is organized around contrasting bipolar concepts called Yin and Yang. The darkness of the shadows found on one side of the mountain, the Yin, must be contrasted to the brightness on the opposite side, the Yang; night is contrasted to day, female to male, wet to dry, negative to positive. Eschewing all sharp dichotomies, Taoism sees moderation in all things and rejects extremism. There can be no pure goodness which is not touched with some evil, and vice versa. Somewhere between the bipolar opposites lies the essence of reality.

It was Taoism that gave rise to the conceptualization and practices of traditional Chinese medicine. Invoking the concept of qi (chi), the vital force for life, health resulted if qi flows normally within fixed channels of the body. Treatments using herbs or acupuncture can be useful to correct the obstructed flow of qi when illness strikes.

Linked to these thoughts for saving lives and preventing illness, Taoism also became enshrined as a religious practice. Based upon an acceptance of animistic beliefs in which all natural phenomena and objects, animate or inanimate, are held to have an innate soul or spiritual essence, Taoism is polytheistic. It reveres a pantheon of hundreds of gods or spirits for worship. There are heaven gods such as the sun and moon, earth gods such as rivers, mountains and grains and human spirits or ghosts such as ancestors or sages.

With divine reverence for all of nature, the rituals and practices of Taoism are clearly evident in the customs and behaviors of the Chinese. There is the common practice of burning of firecrackers to celebrate and to chase away the evil spirits, the practice of Feng Shui, a form of geomancy, in building homes, the offering of food and the burning of "money" at the gravesite of one's ancestor during Ching Ming.

The **Tao Te Ching**, the bible of Taoism, consists of only 5000 characters or words. Written in poetic verse, appearing to be light-hearted statements on one hand, it expressed profoundly deep thoughts. For example:

A man is born gentle and weak
At his death he is hard and stiff
Green plants are tender and filled with sap
At their death they are withered and dry.
Therefore the stiff and unbending is the disciple of death
The gentle and yielding is the disciple of life."

Buddhism entered China from India in the century following the birth of Christ. Part of the Mahayana tradition, it accepted cosmic grace and the greater role of lay persons in its religious activities. It soon became entangled with Taoism and Confucianism. It came to be known as Chan Buddhism because of its emphasis upon meditation (called Zen Buddhism in Japan).

A manifestation of the acceptance of Buddhism in daily Chinese living is the worshipping of Kuan Yin, the Goddess of Mercy. She is derived from Avalokitesvara, an Indian Bodhisattva (or "Saint"). Chinese revere her and beautiful statues of Kuan Yin can be regularly found in their homes.

Buddhism is built upon the foundation of the Four Noble Truths. First, one must acknowledge life as suffering; second, the source of suffering is craving or desire; third, to relieve suffering, one must give up desire; fourth, the path leading to giving up desire involves

being right in ideas, feelings, speech, actions, livelihood, obedience, mindfulness and meditation. Successfully accomplishing these Four Noble Truths, one could achieve Nirvana, a state of utmost peaceful bliss, "incomprehensible, indescribable, inconceivable and unutterable".

The Japanese

The Japanese came to Hawaii for the same reasons that most other Americans did, to escape a life of impoverishment in their native homeland. However, this migration largely involved labor contracts sanctioned by the Japanese government, set up with the American sugar planters of Hawaii. Approximately 200,000 Japanese entered Hawaii between 1885 and 1924. This immigration was finally discontinued through the action of the U.S. Congress which barred further entry of Japanese into the United States. Many women were brought into Hawaii as laborers, and later the "picture bride" program enabled many Japanese men to begin their families in Hawaii.

Most of the Japanese laborers were recruited from the rural farming areas of Southwestern prefectures of Hiroshima, Kumamoto and Fukuoka. Others were recruited from Okinawa, which had recently been reunited with Japan.

Highly disciplined, peace abiding, hard working and concerned with improving upon their lives, they proved to be excellent workers. Sharing many of the characteristics of the Chinese, due to their common cultural history, the Japanese are an eclectic, pragmatic, highly motivated people. Confucianistic in their outlook and habits, strongly centered around supporting their parents and family, they practiced ancestor worship. The Okinawans, due to their trading relationships with Ming China and their relative isolation from Japan proper, spoke a dialect that made it somewhat difficult to communicate with other Japanese.

The Japanese Shinto religion appears to replace the Taoism of the Chinese. They too believed that a spiritual essence, a *Kami*, resided in all animate and inanimate objects. The emperor is viewed as a *Kami*, being derived from the sun, but it is a mistake that Westerners assume that he is the Supreme God. Shinto religious practices permeate much of Japanese life.

Buddhism stands out much more and is actively practiced as a religious force among the Japanese in Hawaii.

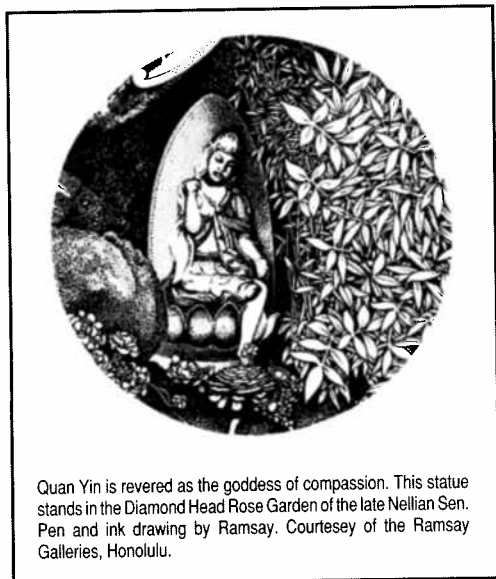
Death and dying and successful survivorship are of great concern in this life and it is to the teachings of the great teachers of the past that we can turn for wisdom concerning these issues. In his last words, the Buddha emphasized the Dharma (his teachings) and the Dharma would act as our teacher after his death. His words are documented by his disciples in the sutra (Collected sayings of the Buddha) as follows:

"My disciples, my last moment has come, but do not forget that death is only the end of the physical body. The body was born from parents and was nourished by food; just as inevitable are sickness and death.

But the true Buddha is not a human body; it is Enlightenment. A human body must die, but the Wisdom of Enlightenment will exist forever in the truth of the Dharma, and in the practice of the Dharma. He who sees merely my body does not truly see me. Only he who accepts my teachings truly sees me.

After my death, the Dharma shall be your teacher. Follow the Dharma and you will be true to me.

During the last forty-five years of my life, I have withheld nothing from my teachings. There is no secret teaching, no hidden meaning; everything has been taught openly and clearly. My dear disciples, this is the end. In a moment, I shall be passing into Nirvana. This is my instruction."



Kuan Yin is revered as the goddess of compassion. This statue stands in the Diamond Head Rose Garden of the late Neillan Sen. Pen and ink drawing by Ramsay. Courtesy of the Ramsay Galleries, Honolulu.

We realize the truth of the transient nature of life by carefully reflecting our own lives which are changing constantly as we move towards the unknown realm beyond our preconception of life and death. This changing nature of existence itself, therefore, is an important part of the process of realization of the true nature of life. Basically the sense of Buddha-dharma is not trying to find something one does not have, but simply to discover what one already has, but does not know it. The sense of Buddha-Dharma, therefore, is a matter of discovering and realizing the true nature of life as it manifests itself in its entirety. To Buddhists, life, death and dying take place within a cycle which dynamically refluxes between the realm of the finite and that of the infinite. The teaching of "reincarnation" is conducive of the Buddha-Dharma that we come back again and again into physical existence to find out what is really going on. Everything is in the state of flux until they become infinite or Enlightened. The reality of death and dying which occurs in the dynamic reflux of circumvita proposes that human life is to be projected as 'dangerous opportunity' towards awakening (bodhi) of true spiritual healing.

The following is a classical prescription for a mother who survived the death of her child and gained deeper insight by gradually realizing and accepting the dharma medicine of the transient nature of life:

A young woman, Kisagotani, the wife of a wealthy man, was suffering profound grief at the death of her child. She took her child from house to house begging for people to heal him. Nobody could do anything for her, but finally, a follower of the Buddha advised her to go see the Blessed One, who was staying at a nearby temple. So she carried the dead child to the Buddha. The Buddha looked upon her with compassion and said, "To heal the child I will need some mustard seeds. Go and ask for four or five mustard seeds from some home where death has never entered." So the poor, demented woman went out looking for a house where death has never entered, but in vain. At last, she was obliged to return to the Buddha. In his quiet presence, her mind cleared and she understood the meaning of his words.

This classical description implies that through personal experience and accepting the truth of these basic dharma of the changing nature of existence and interdependency of life one is faced with the possibility of living life in a true and real way in the reflux of circumvita. Human perception of the flux of life has been projected in a classical denotation of a symbolic letter in Chinese 法 *ho* in Sino-Japanese. It is composed of two radicals: the left radical 水 signifies either vertical or horizontal flux of water that constantly moves towards its fountain; the right radical is composed of two indicative parts 土 and 人 to mean human life to be completed by natural as well as necessary consequences of having infinite life. *Ho* is the translation of *dharma* as the primordial power to help all sentient beings attain the infinite life. Dharma flows into the finite life, such as humans, to lead to his ultimate destination of Enlightenment. The Buddha "wishing to expound the Dharma, he smiles and so cures the three pains with various *Dharma-medicine*." (The Three Pure Land Sutras; the Sutra on the Buddha of Infinite Life delivered by Shakyamuni Buddha).

This flow of dharma fills and permeates our life and beyond our temporary existence. The relationship between man and the Buddha as the *medicine king* is interdependent and works throughout our transient life. The human side of existence, or as it is popularly referred to *this shore*, to be crossed by dharma wisdom to get to the *other shore*, that of the Buddha. The *other shore*, inconceivable to us, is the realm of Enlightenment, which has been referred to as *Pure*

Land. So, from this *other shore* of the Buddha, we are made to awaken the compassion of the Buddha who embraces us and is leading us to the Buddha's realm of Enlightenment beyond this life and death. When we realize the compassion of Buddha as it has been manifested in the name of compassion, it is called, *Namo Amidabutsu*.

Through the profound meaning of the name, we realize that our life has always been and is now supported by this compassion. The true realization of our life has always been and is now supported by this compassion. The true realization of our life as the recipient of dharma-medicine prescribed by the Buddha spontaneously characterizes the way of life in accordance with the flux of infinite dharma that moves one to oneness of life and death.

The Buddhist culture, the dharma of oneness of life and death has been popularly celebrated by the traditional celebration of *Bon* festivals in China, Japan, Canada, and the Mainland U.S. and Hawaii.

The origin of *Bon* stems from the *Ullambana Sutra*, in which the well-known story of Mokuren, a disciple of the Buddha, is related. Mokuren was very devoted to his mother who had died at an early age. He had been apprehensive of where she had gone after her death. With his extrasensory power of clairvoyance, he found his beloved mother in the world of hungry devils, painfully emaciated as a result of her being miserly in her previous life. Astounded and saddened by the discovery, Mokuren attempted to relieve her pains by taking her some food in a bowl. But no sooner had the mother touched the bowl, then the food turned into a mass of flames. Unable to bear the sight of his mother's pitiful plight, he went to the Buddha for instruction on how to save her. The Buddha said, "The self-centered deeds that your mother committed are so grave that it is beyond our power to extricate her from her state. If you should give offerings to one thousand monks, they would gladly accept your offerings. The effect of your pious offerings to the monks who have done pure deeds will be great, indeed. By the merit of your virtuous deed, your mother will be relieved from the pains of the world of hungry devils. Mokuren followed the Buddha's instruction and the mother was immediately freed from the suffering world. Mokuren and the disciples of the Buddha clapped their hands and began dancing in joy. This is the origin of the *Bon* Dance. In Japan, *Bon* service was held in the palaces of the Emperors and temples of the nobility. During the reign of Emperor Saimyo, *Bon* services were held at the Asuka Temple in Nara, during the month of July. During the Heian Period (900-1200) *Bon* was widely observed by the masses. Until this time it was only among the upper class that *Bon* Services were held. In the Muromachi Era (1400-1430), the *Nembutsu* (*Namo Amidabatsu*) *Odori* (dance) was first introduced during the service.

Immigrants from Japan (the first generation Japanese) transplanted the tradition of *Bon* festivals to Hawaii one hundred years ago. *Bon* is the time for visiting graves. When life is so mobile and transient as it is today, there is hardly a place where one may call his permanent home. But the graves are the places of permanent rest for the physical remains of the dear ones who are no more. The cemetery may be considered as a spiritual abode where all members of the family, some living in distant places, return at least once or twice a year. Thus, *Bon* is also a time for the reunion of family members and kinsmen. The thoughts that come to us are the memories of those who are no more with us physically. But perhaps because of their bodily absence, we appreciate what they had done for us and their memories become precious all the more.

Bon reminds us also of the importance of charity. It was because of Mokuren's offerings of the Buddha's disciples, that his mother was released from her greed and the resulting hunger and thirst. To undo the wrong, something positive had to be done. Greed stems from ignorance and delusion. As we fail to see that, we are part of the

whole and that we came into mere temporary beings by concurrence of causes and conditions, we are predisposed to cling to ourselves as an abiding, stable and unchanging existence. We become egoistic, self-centered and selfish. We feel as though the whole world evolves around us. 'Ullumbana', the transliteration of which become 'Urabon' — Bon for short — means "being hung upsidedown". Physical pains may result from bodily inversion. But the delusion of inverted views is the more fundamental cause of all evils and sufferings. The deeds of pure dana (absolute altruism) perform a double purpose of helping others and purging oneself of egoism. Mokuren's dana from the pureness of his heart to the great assemblage of monks did serve these purposes.

Bon tradition is the Dharma-medicine that individually as well as collectively, heals grief and lamentation derived from profound experiences of transient existence of human life and it leads us to the realization and awakening to the world of infinite life, ever reflecting upon the temporary life here and now.

Biomedical Ethics

The field of biomedical ethics is not new. Most biomedical physicians have been taught that they should practice according to the moral precepts of the ancient Greek Hippocratic oath. Approximately thirty years ago however, many became aware of the serious shortcomings of its teachings.

Pellegrino, a leading physician bioethicist, stated: "In biomedical ethics, this transcultural challenge is vastly complicated because medical science and technology, as well as the ethics designed to deal with its impact, currently are Western in origin. They are deeply ingrained with three sets of values distinctly Western—the values of empirical science, principle based ethics, and the democratic political philosophy. Such values are often alien, and even antipathetic, to many non-Western world views".

It is this foundation of biomedical ethics that needs to be challenged. Western assumptions that all human beings are circumscribed, independent and rational individuals is not strongly shared with non-westerners. For example, the Confucianistic person tends to look at the world and life much more through a sense of well being and happiness of others, particularly those of parents and others in the family. This built-in perception of selflessness for many Asians makes it truly difficult to deal with and accept western concepts of autonomy, truth telling, even confidentiality. Altruism for the Asian must concern itself much more with concepts of paternalism. American's notion of justice must be tempered and moderated to deal with its unique concept of the relatively selfless "non-western" person. It is interesting to note that one is currently seeing increasing attacks upon contemporary biomedical ethical practices. Medical dilemmas related to managed care, commodification of human life, medical rationing, even human dignity and rights require that non-western perceptions and views involving alternative ethical principles must be promulgated and promoted to join the essentially western voices heard today.

Physicians around the world must all deal with the terminal stages of life, when death occurs. Science will continue to contribute newer approaches for relieving pain and suffering and to prolong the life of the patient but it will never be able to deny death. All physicians are taught to recognize when death becomes inevitable and further medical intervention is futile.

Nuland, a physician and writer, points out that:

Each one of us needs a guide who knows us as well as he knows the pathways by which we can approach death. There are so many ways to travel through the same thickets of disease, so many choices to make, so many

stations at which we may choose to rest, continue, or end the journey completely — until the last steps of that journey we need the company of those we love, and we need the wisdom to choose the way that is ours alone. The clinical objectivity that should enter into our decisions must come from a doctor familiar with our values and the lives we have led, and not just from the virtual stranger whose superspecialized biomedical skills we have called upon. At such times, it is not the kindness of strangers that we need, but the understanding of a longtime medical friend. In whatever way our system of health is reorganized, good judgment demands that this simple truth be appreciated.

Acting to prolong the life, by attempting to relieve the pain and suffering of the patient, what are the physician's ethical responsibilities during this end stage for life? For those Chinese and Japanese patients steeped in their traditional beliefs and practices, the physician may find it easier for them to confront and accept the inevitability of death. For Buddhists, life-death exists on a continuum, for the person merely passes from the physical state of being into another, from nature into that of the supernatural. Freed of another human desire, the Buddhist can readily "give up" life to move onward.

Even regarding questions of euthanasia, traditional Chinese and Japanese patients can find solace and comfort in their traditional native belief systems. Letting die or refraining from taking action, passive euthanasia, should pose no ethical problems for most physicians, for when it is undertaken to induce the painless death of a person for reasons assumed to be merciful, it represents one of the traditional responsibilities of all physicians.

However, the concept of active euthanasia, taking action to promote and hasten the death of an individual would appear to be an act of killing. However, in contemporary medical practices, the patient may be suffering so much pain that death may in fact be the only merciful recourse remaining. Not uncommonly, the request for death may be initiated by the patient, the so called plea for assisted suicide. Again, these Asian belief systems would not prohibit the physician in supporting these activities, if this act is based purely upon what the patient needs or requests.

Any death invariably involves survivors. It is extremely important for families to be involved in many of the medical decisions regarding the dying patient. The question of a living will to define what limits are to be set on the medical support and treatments and a durable power of attorney for health care, permitting an agent to make medical decisions for the patient should he or she become incapacitated, may be useful, but should never overlook the importance of the extended family involvement in these crucial matters during the terminal period of life. Concepts of family and filial piety must be promoted throughout this period to ensure that these needs are fulfilled for those who are surviving.

This family centered decision sharing process is especially critical for these Confucianistic people. Physicians must ensure that critical information is widely communicated and shared with the survivors. This is especially true, for acknowledging the stoicism and laconic nature and personalities characteristic of these Asian people, one cannot assume that all of the critical medical information will be freely shared and discussed among them. Each member of the surviving group may have distinctly separate and deeply personal and heartfelt needs to address during these crucial days of dying. Physicians must recognize their responsibility toward ensuring that other resources to assist and support the survivors must be involved

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study reported in *JAMA* confirmed much of what is wrong with the care of terminally ill patients.⁴ Physicians either did not know, or failed to follow, the wishes that patients had expressed verbally or in advance directives. As a result, many of the cases followed revealed continued application of technology not desired by the patients, yet with a surprisingly high percentage suffering pain in the last week of life. Even with the expenditure of millions of dollars of grant money in an effort to intervene, with specially trained nurses advising the physicians as to patient preferences, no improvement in physician behavior or in the dismal results occurred.

Clearly, those in didactic medicine need to redirect some of their efforts to teaching appropriate care for those with incurable illness. It is the opinion of many physicians and the majority of patients that those who are dying with chronic disease, for which all available methods of treatment have been considered and/or undertaken, and for whom the very best in palliative care has failed to provide the quality of life that the patient finds acceptable to continued existence, that another option could and should be offered. That option, as an alternative to continued suffering secondary to the prolongation of the time of dying due to the application of various futile treatment modalities, is physician assisted death. The few patients for whom palliative and hospice care does not suffice deserve this consideration. The United States Court of Appeals for the Ninth Circuit, which encompasses all nine western states, agreed with this contention, by a majority vote of 8 to 3, in a decision filed on March 6, 1996. The final paragraph of the majority opinion states succinctly that an individual has the right to make decisions affecting life and death. That Court also dealt with the proscription placed on such action as hastening the time of dying by those with strong religious beliefs that "only God can take one's life." The Justices stated that "Those who believe strongly that death must come without physician assistance are free to follow that creed, be they doctors or patients. They are not free, however, to force their views, their religious convictions, or their philosophies on all other members of a democratic society, and to compel those whose values differ with theirs to die painful, protracted, and agonizing deaths."

Although there is much to be done in the way of improving teaching about end of life care and decisions, there is some recent improvement apparent in the awareness of physicians about patient preferences with regard to terminal care. It is my belief that the increasing dialogue in our society, and in medical circles, regarding terminal illness, has resulted from the demand, by certain patient advocacy organizations, that more autonomy in decision making be offered to patients. It has been reported that more attention to teaching about palliative care, pain management and the need for earlier and more frequent hospice referral, is occurring in Oregon. This may be attributed to the extensive exposure of all the citizens in that state to the arguments, both pro and con, preceding the passage of Measure 16 in November 1994. When the injunctions preventing implementation of that law are finally resolved, there will be an opportunity to establish guidelines and safeguards for physician aid-in-dying. Hopefully, with improved teaching about end of life care for all health care professionals, the number of patients who fail to have a quality of life deemed by them to be commensurate with continued life, will be minimal.

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Editors Note:

Richard MacDonald, MD, since his 1993 appointment as Medical Director of the Hemlock Society USA, researches and writes on medical aspects of physician aid-in-dying, provides guidance on medical matters to the National Board of Directors and to local chapters, and creates dialogue and increases communication between Hemlock and the medical community. Born and educated in Canada, he has practiced family medicine in Canada and California for over forty years. Extensive experience in communications has included his "Doctor of the Air" program on the Canadian Broadcasting Corporation and, more recently, on KPAY, Chico, California, and a "Health Break" series for local television. Participation in many national medical organizations meetings will advance the mission of Hemlock by educating the medical and allied health professionals in the concepts of appropriate end-of-life decisions to provide their patients with the choice of death with as much comfort and dignity as possible. Included in his current memberships are the Society of Teachers of Family Medicine, The Gerontological Society of America, the American Association of Bioethicists and the Society for Health and Human Values. He has traveled extensively for Hemlock, speaking to both medical and lay audiences, concentrating especially on delivering presentations to medical students and residents who will be involved in treating patients with terminal illness. As this "most important bioethical issue of the 1990's" continues to be debated in both medical and lay circles, he will be expressing the philosophy of the Hemlock Society USA and hopes to see improved care and caring for those with terminal illness, with more adequate pain control, earlier and more frequent referral for hospice and palliative care, and the possibility of the choice of physician aid-in-dying for those few patients for whom even the best care fails to provide a quality of life acceptable to the dying patient.

Richard MacDonald, MD and Faye Girsh, executive director of the Hemlock Society—USA, attended the 9th annual meeting of Hemlock USA in Denver, November 9-11. The Conference on Physician Aid in Dying presented the latest developments from legal, medical, legislative, nursing and family perspectives. More on this in later issues of the Journal. Thanks to Dick and Faye and the wonders of e-mail and faxes, we have their manuscripts for this special issue. Mahalo again, Dick and Faye.

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in these final days of life, such as the need for spiritual, legal and other counselors. The medical services represent only a portion of what each patient needs in navigating this final passage of life.

To ensure satisfactory closure involved in this process of letting go for everyone, it is critical that the physician spend sufficient time to advise, reassure, support and comfort not only the patient, but must also extend these services to the family and other survivors as well.

Suggested Reading

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